

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215514394								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: OMNICELL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2015</p> <p>SCC ID NO: F1787029</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> <tr> <td>PREFJR</td> <td>1,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000,000	PREFER	5,000,000	PREFJR	1,000,000
CLASS	AUTHORIZED									
COMMON	50,000,000									
PREFER	5,000,000									
PREFJR	1,000,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 590 E. MIDDLEFIELD RD.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MOUNTAIN VIEW, CA 94043</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RANDALL A LIPPS TITLE: CHRMN/PRES/CEO ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RANDALL A LIPPS TITLE: CHRMN/PRES/CEO ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: RANDALL A LIPPS TITLE: CHRMN/PRES/CEO ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAN S JOHNSTON TITLE: SEC/VP/GEN COUN ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAN S JOHNSTON TITLE: SEC/VP/GEN COUN ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR					
NAME: DAN S JOHNSTON TITLE: SEC/VP/GEN COUN ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBIN G SEIM TITLE: CFO/VP FINANCE ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBIN G SEIM TITLE: CFO/VP FINANCE ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR					
NAME: ROBIN G SEIM TITLE: CFO/VP FINANCE ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J CHRISTOPHER DREW TITLE: SVP OPERATIONS ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J CHRISTOPHER DREW TITLE: SVP OPERATIONS ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR					
NAME: J CHRISTOPHER DREW TITLE: SVP OPERATIONS ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY E FOLEY TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY E FOLEY TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: MARY E FOLEY TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES T JUDSON TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES T JUDSON TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: JAMES T JUDSON TITLE: DIRECTOR ADDRESS: 590 E. MIDDLEFIELD RD. CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR								

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY D LINDHOLM DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY S PETERSMEYER DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD C WEGMILLER DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA J WHITE DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH E WHITTERS DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H YOUNGER JR DIRECTOR 590 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAN S JOHNSTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAN S JOHNSTON, SEC/VP/GEN COUN PRINTED NAME AND CORPORATE TITLE	4/16/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			